OFFICIAL FILE SALAN SOLON FILLINOIS COMMERCE COMMERC

FORMAL COMPLAINT

CHIEF CLERK'S OFFICE

Illinais Commerce Commission 527 E. Capital Avenue Springfield, Illinois 62701 For Commission Use Only:

Case: 02-0433

ORIGINAL

Regarding a complaint by (Parson making the complaint):
Against (Utility name): Come D
As to (Reason for complaint) 1 DEAIL OF 131LL \$1341.41
2. REFUND FOR AMOUNT OF # 1057.32
3 DEPOSIT REQUEST
in Ch(CAGO Illinais.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My mailing address is 3445 N. KIMBALL AUZ CHICAGO 12. 60618
The service address that I am complaining about is 3445 N, KIMBALL ADE. CHICAGO 16.60618
My home telephone is $[23] 539 - 5569$
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [773] 539 - 5569
(Full name of utility company) (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.
In the space below, list the specific section of the law. Commission rule(s), or utility tariffs that you think is involved with your complaint.
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint? X Yes No
Has your complaint filed with that office been closed?

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.
PLEASE FIND THE ENCLOSED THAT SHOWS WHAT I HAVE BEEN WAITING FOR FROM COMED, (I BELIEVE I ALREADY PAID MORE THAN WHAT I HAD TO)
(2) MS DORITAY ANDERSON AT COMED (630-684-2856), WHO WAS
INTRODUCED BY I.C.C. HAS FAILD TO GIVE ME AN ANSWER.
SHE IGNORED MY QUESTIONS (I CALLED NUMEROUS TIMES AND PAXED TO MEAN AND HAD COMED OUT THE SERVICE ON MAY 31, 2002.
I HAD NO Choice But paid For the Amount of 1057,32
^
B) WITH THE REASON OF SERVICE CUT, They ASKED ME FOR DEPOSIT Please clearly state what you want the Commission to do in this case:
ALL THIS MESS STARTED WITH COMED'S WRONG BILL ASKED ME TO PAT \$232. % For
THE PERIOD BETWEEN MARCH 20, 1999 AND MAY 18, 1999. I THINK GOMED HAS RESPONSING
TO MAKE ME UNDERSTOOD WITH CORRECT NUMBERS NOT BY THEIR OWN STRANGE
hav of Calculation
Date: Juniz 19 2002 Compleinant's Signature (Month, day, year)
If an attorney will represent you, please give the attorney's name, address, and telephone number.
an action to provide the provide action to provide action to provide the provi
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.
(Signature) 3 3 55
Subscribed and sworn/effirmed to before me on (month, day, year) June 21 2002
Subscribed and Swill it and to death a rife of (month, day, year)
Motory Biblic Illinsin
JACQUELINE COOPER
NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 08/31/02
NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call
the counselor in the Consumer Services Division that handled your informal complaint.

Icc207/07